

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

1401697

2/22/2018

Date qualified as committee
(If applicable)

☒ Termination - See Part 5

List I.D. number:

1401697

12/31/2018

Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use only

Page 1

1. Committee Information

NAME OF COMMITTEE

Affordable Housing Now - Yes on Props 1&2 coalition: Housing California, California Housing Consortium, State Building and Construction Trades Council of California and Silicon Valley Leadership Group

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
(916) 333-1344 / AffordableHousing@deaneandcompany.com

COUNTY OF DOMICILE

Sacramento County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
Statewide

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Shawnda Deane

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Kim Lutz

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Ray Pearl

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Agoura Hills	CA	91301	(818) 735-9551

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/25/2019
DATE

By Shawnda Deane

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

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OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Lisa Hershey

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 447-0503

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
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MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Cesar Diaz

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916) 443-3302

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Carl Guardino

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95110 (408) 501-7864

3. Verification

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DATE

By _____
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FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

Affordable Housing Now - Yes on Props 1&2 coalition: Housing California, California Housing Consortium, State Building and Construction Trades Council of California and

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I.D. NUMBER

1401697

4. Type of Committee

 Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION First Foundation Bank	AREA CODE/PHONE (916) 283-8042	BANK ACCOUNT NUMBER
ADDRESS	CITY Sacramento	STATE CA
		ZIPCODE 95815

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Veterans and Affordable Housing Bond Act of 2018; Yes on Props 1 & 2	Statewide	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

Affordable Housing Now - Yes on Props 1&2 coalition: Housing California, California Housing Consortium, State Building and Construction Trades Council of California and Silicon

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I.D. NUMBER

1401697

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Housing California

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Affordable Housing

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95814

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

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INSTRUCTIONS ON REVERSE



COMMITTEE NAME

Affordable Housing Now - Yes on Props 1&2 coalition: Housing California, California Housing Consortium, State Building and Construction Trades Council of California and Silicon

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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

California Housing Consortium

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Affordable Housing

STREET ADDRESS

NO. AND STREET

CITY

Agoura Hills

STATE

CA

ZIP CODE

91301

Small Contributor Committee



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I.D. NUMBER

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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

State Building and Construction Trades Council of California

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor

STREET ADDRESS

NO. AND STREET

CITY

Sacramento

STATE

CA

ZIP CODE

95814

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4. Type of Committee (Continued)

General Purpose Committee

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☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Silicon Valley Leadership Group

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Business

STREET ADDRESS

NO. AND STREET

CITY

San Jose

STATE

CA

ZIP CODE

95110

Small Contributor Committee

Date qualified

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